

Home Occupation Permit

Business Name:			
Street Address:			
Phone #:	E-N	ИАIL:	
Zoning District:	PIN:		
Property Owner's Name (if d	ifferent):		
Address:			
Phone #:	e #: E-MAIL:		
Proposed Location of Busine	ss (include floor plan sl	nowing area to be us	sed for business):
Dwelling	Total Sq Ft:	Business Sq	Ft:
Accessory Structure	Total Sq Ft:	Business Sq	Ft:
DESCRIPTION OF PROPOSED	BUSINESS (Please Attac	h)	
(Business activities; hours of op	eration; # clients/custome	ers expected to visit; ar	ny business vehicles, etc.)
Home Occupation regulations (A that this permit does not take the	ne place of other licenses	Purcellville Zoning Ordi that may be required b	at I understand the nance - see reverse). I also understan by law. I agree to comply with the
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This permit shall expire in six (6) months if work has not begun pursuant to the terms of the permit.

Permit # HO

HOME OCCUPATION REGULATIONS (Article 3, Section 8 of the Purcellville Zoning Ordinance)

- 1. The home occupation shall be conducted only by a person or persons who are residents of the property.
- 2. No more than 25 percent of the total floor area of the dwelling unit, and/or any accessory structure, shall be devoted to the home occupation.
- 3. There shall be no alteration in the residential character of the premises in connection with the operation of the home occupation.
- 4. No mechanical or electrical equipment may be used except such type as is customary for domestic, office, or hobby purposes.
- 5. No home occupation shall be operated in a manner as to cause traffic hazards or congestion, offensive noise, vibration, smoke or other particulate matter, odorous matter, heat, humidity, glare, electronic interference or otherwise constitute a nuisance or safety hazard to the occupants of nearby properties. There shall be no storage or hazardous materials. Nor shall any home occupation detract from the residential character of the neighborhood.
- 6. No outdoor storage shall be permitted.
- 7. No commercial sign shall be displayed.

I have read and understand these regulations and agree to abide by them as a condition of this permit.
Signature of Applicant
Date Date